



Child Nutrition Department

706 Westmoreland Drive, Tupelo, MS 38801
P.O. Box 1100, Verona, MS 38879-1100
Phone: (662) 680 – 5770 Fax: (662) 680 – 5776
Valerie Weivoda, Child Nutrition Director
Coke Magee, Superintendent of Education

Medical Statement for Dietary Modification for NON - Disabled Child

(Medical statement must be **RENEWED ANNUALLY** by a medical authority and can only be changed by a medical authority.)

Part I: To be filled out by School District/School/Organization/Sponsor

Date: _____

Name of Student: _____

Address: _____

Date of Birth: _____

Name of School District: LEE COUNTY SCHOOLS

School/Provider/Center Name: _____

School/Provider/Center Address: _____

Part II: To be filled out by a Medical Authority

Name of Patient: _____ Age: _____

Diagnosis: _____

Describe the medical or other special dietary needs that restrict the child’s diet: _____

List the foods to be omitted from the student’s diet: _____

List the foods that may be used in substitution of the omitted foods: _____

If applicable, list any special equipment: _____

Signature of Medical Authority

Date